## STATE OF NEW HAMPSHIRE

### 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

RECEIVED

JUL 25 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

| I. Name of Lobbyist(s) _   | Kathy Corey Fox   |   | DEPARTMENT OF                               |
|--|---|---|---|
| II. Name of lobbyist's pa  | artnership, firm or corporation   | , if any:   |   |
| Bianco Profession  | al Association  | •   |   |
| (Name o  | f partnership, firm or corporation)   | · · · · · · · · · · · · · · · · · · ·   |   |
| 18 Centre S  | Street Conco  | rd NH   | 03301                                       |
| Business Address: (Street  | (Town/Ci  | ty) (State)   | (Zip Code)                                  |
| (603) 225-7170   | (603) 226-016   |   | fox@biancopa.com                            |
| (Telephone)  |   | (Fax)   |   |
| reportable expense trans   | sactions which are not attribut   | reports for each client, OR you in able to any one client).  Or to the reporting date relative to |   |
| 2 7 m reportable transact  |   | 0. 10 1 10 10 10 10 10 10 10 10 10 10 10 10 10  |   |
| ·  | full Name of Client as it appears on  | the Lobbyist Registration Form)   |   |
| OR  I All reportable transact unrelated to any particula                   | • • • •   | ne lobbyist's family), or the lobbyi  | ing firm listed below which are             |
| •  | April 25, 2018  From date of registration to 3/31/18                            | July 25, 2018 🛭 activity from 4/1/18 to 6/30/   | ′18   |
| •  | October 31, 2018  ivity from 7/1/18 to 9/30/18                                  | January 30, 2019 ☐<br>activity from 10/1/18 to 12/  |   |
| V. There have been no<br>If this box is checked, con<br>Concord, NH 03301. | o fees received and no repor  | table transactions made since<br>it to the Secretary of State's Office                            | e the last report.   Grant House, Room 204, |
| VI. Check if additional  | reports are attached:   |   |   |
|  | •   | must file Addendum A- Fees and  | Expenses                                    |
| Expense Reimbursement  | •   | es, you must file Addendum B-1  |   |
| ☑ If you, your firm, or:   | your family has made political co   | ontributions, you must file Adden   | dum C- Political Contributions              |
|  | nation by Lobbyist<br>15-B, RSA 14-C and RSA 664<br>of my knowledge and belief. | and hereby swear or affirm that th  | ne foregoing information is true            |
| Hartist n  | -1. (d)   | July 25, 201  | <del></del>                                 |
| (Signature of lobbyist)  | 7   | 1)  | Date)                                       |
| Kathy Corey Fox  |   |   |   |
| (Print Name of lobbyist)   |   |   |   |

# STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

| 1. Name of Lobbyist(s) Ka  | thy Corey Fox                  |                    |   |
|--|--------------------------------|--------------------|---|
| II. Name of lobbyist's par   | tnership, firm or corp         | oration, if any:   |   |
| Bianco Profe   | ssional Association            |                    |   |
| (Name of part  | tnership, firm or corporation) |                    |   |
| III. Name of Client  |                                | Date               |   |
| Political Contributions For each political contributions client/lobbyist and lobbyir |                                |                    | iter 664 paid on behalf of the  |
| Full name of candidate:  | Gannon<br>(Last Name)          | Bill (Fire Name)   | (Middle Name/Initial)   |
| 1  |                                | (First Name)       |   |
| Amount of contribution \$  | 50.00                          | Office Candidate i | s Seeking Senate  |
| Full name of candidate:  | Friends of F                   | Regina Birdse      | 11  |
| _  | (Last Name)                    | (First Name)       | (Middle Name/Initial)   |
| Amount of contribution \$  | 50.00                          |                    |   |
|  | tribution on the line abov     |                    | ds or services provided, and enter the ution. If the actual cost is not known |
| Full name of candidate: _  | (Last Name)                    | (First Name)       | (Middle Name/Initial)   |
| Amount of contribution \$  |                                | _                  |   |

| (If more than three contributions were made, report additional co                                    | ontributions on separate addendum C forms.) |
|--|---|
| Sworn Statement/Affirmation by Lobbyist  |   |
| I have read RSA 15, RSA 15-B and RSA 664 and he is true and complete to the best of my knowledge and |   |
| Laste Comer For  | July 25, 2018                               |
| (Signature of lobbyist)  | (Date)                                      |